

# MOONLIGHT LOOP REGISTRATION



One Rider per registration. Copies accepted. Please Print.

_____	_____	(____)_____
Last Name	First Name	Phone Number
_____	_____	M / F (circle one)
Address	Age	Sex
_____	_____	_____
City	State	Zip
_____		
Email (confirmation of registrations will be done via email)		

\*Accompanying Adult Rider (for Riders under 16 yrs of age): \_\_\_\_\_  
Send registration for accompanying adult rider in same envelope

## RESCHEDULED DATE-OCTOBER 29!

Registration Fee (thru October 28) \$30.00 \$ \_\_\_\_\_

Event Day Registration **CASH OR CHECK ONLY** \$35.00 \$ \_\_\_\_\_

*FREE T-shirt for all Pre-registered Riders. Shirt not guaranteed after October 17, 2016 - (shirts are men's sizes)*

T-Shirt Size: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_ XXXL \_\_\_\_\_

**Make check payable to Animal Care Services with Moonlight Loop in the message line please.**

**Animal Care Services**  
**2730 Arnold Street**  
**Columbus, IN 47203**

### Checklist for mailing in registrations:

- **Enclose & Sign check (credit cards only accepted for online registration)**
- **Read & Sign Waiver**
- **Include all in envelope and mail in or drop off at above address.**

**OVER**

## CONSENT AND LIABILITY RELEASE

PLEASE READ CAREFULLY APPLICATION NOT COMPLETE WITHOUT SIGNATURE(S) BELOW

In consideration of City of Columbus' Animal Care Services and the City of Columbus, Indiana (collectively referred to as the "City") permitting me or my minor child to participate in City events or activities, I, the undersigned, for myself and my heirs, next of kin, assigns, and personal representatives, do hereby agree to the following:

1. I understand that bicycling requires physical conditioning and I represent that I am in sound medical condition capable of participating in City events, rides, and activities without risk to myself or others. I have no known medical impediment which would endanger myself or others. I agree that I will be solely responsible for the condition and adequacy of my bicycle, safety gear, and riding equipment. I will ride safely within the limits of my own abilities, my equipment and the riding conditions and in a manner so as not to endanger either myself or others.
2. I understand that my name, address, photograph, voice and/or likeness may be used in promotional or advertising materials. I consent to such uses and waive any rights of privacy or publicity I may have in connection with those uses.
3. I understand that bicycle riding is a potentially hazardous activity which involves risks, inherent and otherwise, known or unknown, that cannot be eliminated which may cause injury, illness, paralysis or death to myself, other persons, and/or damage to property. I further understand that negligence of the City, including its elected and/or appointed officials, employees, volunteers, and sponsors or other risks associated with City events or activities may cause injury, illness, paralysis or death to myself, other persons, and/or damage to property. Some of the risks associated with City events, rides, and activities include, but are not limited to equipment failure, collisions with other riders, terrain objects, or vehicles, and known or unknown medical conditions. I assume full and sole responsibility for all risks, both known and unknown, inherent or otherwise, related to the City events, rides and activities. Further, I am voluntarily participating in this activity with knowledge of the risks and fully accept and assume all risks related to or arising from City events, rides, and activities.
4. Acknowledging that such risk exists, I PERSONALLY AND ON BEHALF OF MY MINOR CHILD, HEREBY RELEASE, WAIVE, OR DISCHARGE, AND COVENANT NOT TO SUE THE CITY, ITS ELECTED AND APPOINTED OFFICIALS, EMPLOYEES, VOLUNTEERS, AND SPONSORS, and the officers, directors, employees, representatives, agents, insurers, and successors of all the above (hereinafter individually and collectively referred to as the "Releasees") from any and all claims, damages, losses, actions, suits, proceedings, breach of contract, actions, wrongful death actions, expenses, attorney fees, and liability that I, anyone on my behalf, my heirs, next of kin or minor child actions, wrongful death actions, expenses, attorney fees, and liability that I, anyone on my behalf, my heirs, next of kin or minor child might have for or relating to any injury, including death, to my person or that of my minor child or property suffered or claimed to be suffered by me which arises out of or is related in any manner, either directly or indirectly, to my or my minor child's participation in any City event, ride or activity or my assistance at any City event, ride or activity including, but not limited to, any claim that the act or omission complained of was caused in whole or in part by the negligence in any form of the Releasees.
5. I further agree to INDEMNIFY, HOLD HARMLESS, AND DEFEND in any action or proceeding Releasees against all claims, lawsuits, losses, damages, actions, suits, proceedings, claims, and expenses, including attorney's fees and costs arising from or relating in any respect to my or my minor child's participation in any City event, ride or activity or my assistance at any City event, ride or activity or my breach of this agreement regardless of whether the act or omission complained of was caused in whole or in part by the negligence in any form of the Releasees. City volunteers have no duty to indemnify, defend or hold harmless the Releasees.
6. This document is governed by the laws of the State of Indiana. If one or more portions of this document are found unenforceable, the remainder of the document will remain enforceable. If I am a minor, my parent or guardian is also signing individually and on my behalf and we both agree to be bound by the terms of this agreement.

I have read and fully understand this Waiver and Release of Liability and Indemnity Agreement and agree to be bound by its terms. I understand that by signing this document I may be waiving certain legal rights, including the right to sue City or any of the Releasees. I have read this document and sign this document freely and willingly.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_

Print Participant Name: \_\_\_\_\_ Parent/Legal Guardian \_\_\_\_\_

Signature if Minor: \_\_\_\_\_ EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

**UNSIGNED APPLICATIONS WILL NOT BE ACCEPTED**

**SORRY, NO REFUNDS!!!**